County: Langlade EASTVIEW MEDICAL & REHABILITATION CENTER

729 PARK STREET

ANTI GO 54409 Phone: (715) 623-235	6	Ownershi p:	Corporation
Operated from 1/1 To 12/31 Days of Operation	: 365	Hi ghest Level Li cense:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/01):	161	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/01):	173	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/01:	157	Average Daily Census:	159
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Services Provided to Non-Residents		Age, Sex, and Primary Diagn	Length of Stay (12/31/01) %				
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year 1 - 4 Years	35. 0 46. 5
Supp. Home Care-Household Services	No	Developmental Disabilities	1.3	Under 65	2.5	More Than 4 Years	18. 5
Day Services Respite Care	No No	Mental Illness (Org./Psy)   Mental Illness (Other)	23. 6 3. 2	65 - 74   75 - 84	8. 3 35. 0		100. 0
Adult Day Care Adult Day Health Care	No No	Al cohol & Other Drug Abuse   Para-, Quadra-, Hemiplegic	0. 0 0. 6	85 - 94   95 & 0ver	45. 9   8. 3	**************************************	******** t
Congregate Meals	No	Cancer	1. 9	oo a over		Nursing Staff per 100 Re	
Home Delivered Meals Other Meals	No No	Fractures   Cardi ovascul ar	5. 1 18. 5	   65 & 0ver	100. 0   97. 5	(12/31/01)	
Transportation Referral Service	No No	Cerebrovascul ar Di abetes	17. 8 8. 3	Sex	 %	RNs LPNs	11. 4 4. 7
Other Services	Yes	Respiratory Other Medical Conditions	4. 5		j	Nursing Assistants,	00.7
Provide Day Programming for Mentally Ill	No	other Medical Conditions	15. 3	Male   Female	28. 0   72. 0	Aides, & Orderlies	36. 7
Provi de Day Programming for Developmentally Disabled	No		100. 0		100. 0		
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## Method of Reimbursement

		Medicare Title 18			edicaid itle 19	-		0ther			Pri vate Pay	;		amily Care			anaged Care	I		
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	% Of Al l
Int. Skilled Care	1	3. 8	367	0	0. 0	0	0	0. 0	0	1	5. 6	156	0	0. 0	0	0	0. 0	0	2	1. 3
Skilled Care	25	96. 2	305	113	100.0	99	0	0.0	0	17	94. 4	156	0	0.0	0	0	0.0	0	155	98. 7
Intermedi ate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	26	100.0		113	100.0		0	0.0		18	100.0		0	0.0		0	0.0		157	100. 0

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Admissions, Discharges, and		Percent Distribution	of Residents'	Condi ti oi	s, Services,	and Activities as of 12/	31/01
Deaths During Reporting Period	l	`					
8 1 8		ľ		% I	leedi ng		Total
Percent Admissions from:		Activities of	%	Assis	tance of	% Totally	Number of
Private Home/No Home Health	3. 6	Daily Living (ADL)	Independent	One Or	Two Staff	Dependent l	Resi dents
Private Home/With Home Health	1.0	Bathi ng	5. 1		79. 0	15. 9	157
Other Nursing Homes	7. 1	Dressi ng	12. 1		73. 2	14. 6	157
Acute Care Hospitals	87.8	Transferring	29. 3		52. 9	17. 8	157
Psych. HospMR/DD Facilities	0.0	Toilet Use	22. 9		53. 5	23. 6	157
Reĥabilitation Hospitals	0.0	Eating	67. 5		24. 8	7. 6	157
Other Locations	0. 5	**************	******	******	******	*********	*****
Total Number of Admissions	197	Conti nence		% S	pecial Treat	ments	%
Percent Discharges To:		Indwelling Or Externa	l Catheter	4. 5	Receiving I	Respi ratory Care	22. 3
Private Home/No Home Health	26. 1	Occ/Freq. Incontinent	of Bladder	61. 1	Recei vi ng	Tracheostomy Care	0.0
Private Home/With Home Health	22. 1	Occ/Freq. Incontinent	of Bowel	33. 1	Receiving S	Sucti oni ng	1. 9
Other Nursing Homes	4. 0	<u>-</u>			Receiving (	Ostomy Care	1. 9
Acute Care Hospitals	13. 1	Mobility			Recei vi ng	Tube Feedi ng	1. 3
Psych. HospMR/DD Facilities	0. 5	Physically Restrained	l	0. 0	Receiving M	Mechanically Altered Diets	42. 7
Rehabilitation Hospitals	0.0					•	
Other Locations	3. 0	Skin Care		(	ther Reside	nt Characteristics	
Deaths	31. 2	With Pressure Sores		4. 5	Have Advance	ce Directives	100. 0
Total Number of Discharges		With Rashes		18. 5 N	ledi cati ons		
(Including Deaths)	199	ĺ			Receiving I	Psychoactive Drugs	54. 8
-		•					

Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

\* Ownershi p: Bed Size: Li censure: Propri etary 100-199 Skilled Al l Thi s Facility Peer Group Peer Group Peer Group Facilities % Ratio Ratio Ratio Ratio Occupancy Rate: Average Daily Census/Licensed Beds 92.4 80.3 1. 15 83. 5 1. 11 84. 4 1. 10 84.6 1.09 Current Residents from In-County 96.8 72.7 1. 33 79. 2 1. 22 75. 4 1. 28 77. 0 1. 26 Admissions from In-County, Still Residing 25.4 18. 3 1.38 22. 5 1. 13 22. 1 1.15 20.8 1.22 Admissions/Average Daily Census 123.9 139.0 0.89 125. 7 0.99 118. 1 1.05 128. 9 0.96 Discharges/Average Daily Census 125.2 139.3 0.90 127. 5 0.98 118. 3 130. 0 0.96 1.06 Discharges To Private Residence/Average Daily Census 60.4 58. 4 1.03 51.5 1.17 46. 1 1.31 52.8 1. 14 Residents Receiving Skilled Care 100 91. 2 1. 10 91. 5 1. 09 91.6 1.09 85. 3 1. 17 Residents Aged 65 and Older 97. 5 96. 0 1.02 94. 7 1.03 94. 2 87. 5 1. 11 1.03 Title 19 (Medicaid) Funded Residents 72.0 72. 1 1.00 72. 2 1.00 69.7 1.03 68. 7 1.05 Private Pay Funded Residents 11.5 0.62 21.2 22. 0 18. 5 0.62 18. 6 0. 54 0. 52 Developmentally Disabled Residents 1. 3 1.0 1. 28 1. 78 0.8 7. 6 0. 17 0. 7 1. 62 Mentally Ill Residents 26.8 36. 3 0.74 35. 8 0. 75 39. 5 0.68 33. 8 0.79 General Medical Service Residents 15. 3 16.8 0.91 16. 9 0.91 16. 2 0.94 19. 4 0.79 49.3 Impaired ADL (Mean) 44.5 46.6 0.95 48. 2 0.92 48. 5 0.92 0.90 Psychological Problems 54.8 47.8 1. 15 48. 7 1. 13 50.0 1. 10 51. 9 1. 06 Nursing Care Required (Mean) 11.6 7. 0 7. 3 1. 58 7. 1 1.63 6. 9 1. 68 1.65